

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001552

AMENDED

Registration District No.

FILED FEB 13 1962

Primary Registration District No.

1002

Registrar's No.

417

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3522 Walnut</u>		d. STREET ADDRESS (If outside, give location) <u>523 Grand Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Willie</u> Middle <u>O. Nelson</u> Last <u>Castwright</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>31</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-13-83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (City and state or country) <u>Williamstown Pa.</u>
13a. FATHER'S NAME <u>William Castwright</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Albert J. Castwright</u>	
16. SOCIAL SECURITY NO. <u>None</u>		Address <u>3740 Tracy, K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> DUE TO (b) <u>Hypostatic Pneumonia</u> <u>2 days</u> DUE TO (c) <u>Cerebral Vascular Hemorrhage</u> <u>4 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis.</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>4:00</u> a.m. <u>62</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION <u>Kansas City, Mo.</u>			
21. I attended the deceased from <u>Jan 29, '62</u> to <u>Jan 31, '62</u> and last saw him alive on <u>Jan 31, '62</u> . Death occurred at <u>4:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. H. Graham M.D.</u>		22b. ADDRESS <u>578 Argyle Bldg. K.C. Mo.</u>	
22c. DATE SIGNED <u>23 Jan 62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-24-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sedmon Mortuary, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-24-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

BY AFFIDAVIT OF H. H. Graham M.D. MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.